

D.I. # _____

CIVIL ACTION

NUMBER: _____

07 CV 639 GMS

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com ®		
3020 0002 0007 3321 7562	Postage	\$ 168
	Certified Fee	265
	Return Receipt Fee (Endorsement Required)	215
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 6.58
Postmark Here <i>W</i>		
Sent To WARDEN MARKY PHELPS 07-639 <small>Street, Box No., Apt. No., or P.O. Box No.</small> DELAWARE CORRECTIONAL CENTER 1181 PADDOCK ROAD SMYRNA, DE 19977 GMS		
PS Form 3800, August 2006		
See Reverse for Instructions		